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# Trauma Symptomatology in Female Sex Workers: A Review of Recent Literature

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# Trauma Symptomatology in Female Sex Workers: A Review of Recent Literature

## **Abstract**

Women involved in sex work face a unique set of life circumstances that both influence their decision to enter the industry and affect them throughout their profession. These individuals have higher rates of childhood physical and sexual abuse, as well as neglect and other forms of maltreatment. As sex workers, these individuals exist within a violent culture that is also rife with physical and sexual trauma. Because of the increase rates of violence that these women face, they are at a greater risk for posttraumatic stress disorder, dissociative disorders, substance abuse, and depression. This study reviews some of the literature to-date on the prevalence of both childhood and adult maltreatment in this study, and examines some of the trauma sequelae frequently seen in this population. Treatment implications and future directions for research are considered.

## **Degree Type**

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TRAUMA SYMPTOMATOLOGY IN FEMALE SEX WORKERS:

A REVIEW OF RECENT LITERATURE

A THESIS

SUBMITTED TO THE FACULTY

OF

SCHOOL OF PROFESSIONAL PSYCHOLOGY

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## ABSTRACT

Women involved in sex work face a unique set of life circumstances that both influence their decision to enter the industry and affect them throughout their profession. These individuals have higher rates of childhood physical and sexual abuse, as well as neglect and other forms of maltreatment. As sex workers, these individuals exist within a violent culture that is also rife with physical and sexual trauma. Because of the increase rates of violence that these women face, they are at a greater risk for posttraumatic stress disorder, dissociative disorders, substance abuse, and depression. This study reviews some of the literature to-date on the prevalence of both childhood and adult maltreatment in this study, and examines some of the trauma sequelae frequently seen in this population. Treatment implications and future directions for research are considered.

Keywords: sex work, prostitution, trauma, sexual abuse, physical abuse, posttraumatic stress disorder, substance abuse, depression

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## INTRODUCTION

Both in the field of psychology and society in general, sex work is a highly stigmatized and debated subject (Farley, 2000). Although usually applied to individuals who engage specifically in prostitution, the term “sex worker” refers to “A person whose work involves sexually explicit behavior” (Miriam-Webster, 2010) and is the preferred nomenclature for this population. Throughout the history of the ‘world’s oldest profession’ sex workers have been given many names, including prostitutes, hookers, whores, escorts, exotic dancers, pornographic stars, and strippers. The majority of these labels are judgment laden, which reflects the tendency for an individual in this profession to be overshadowed by the context in which he or she exists. Interestingly, although there is much focus in society on what sex workers do, there is very little attention paid to how they came into the profession and why they continue to stay.

In a study of 854 women involved in prostitution in 9 countries, Farley et al. (2003) found that 89% of their sample expressed a desire to leave prostitution. This dissatisfaction is reflected in other studies as well, where individuals describe their work in the sex industry as predominately negative (Kramer, 2003), and can readily identify several other professions that they desire over sex work (Rose & Venkatesh, 2008). Results such as these suggest that along with being negatively stigmatized for their profession, many sex workers are dissatisfied by their career and wish to leave. This knowledge begs the question of why individuals choose to enter into sex work, and why they stay in the industry despite wanting to exit.

The current review attempts to explore both the etiology of individuals’ entrance into sex work and the factors that force them to stay in it by examining the prevalence of

both childhood and adult trauma in this population and the sequelae associated with such experiences. Studies to date indicate that populations of individuals involved in sex work experience high levels of trauma relative to the general population (Farley et al., 2003; Vaddiparti et al. 2003). For example, Roxburg, Degenhardt, and Copeland (2006) found that 75% of their sample of street based sex workers in Sydney, Australia reported experiencing some form of sexual abuse before the age of 16. This rate is much higher than 10.6%, which is the US national prevalence rate reported for females (Center for Disease Control, 2008).

Although this review will not provide definitive answers regarding why individuals engage in sex work, it will likely explain some motivations behind these behaviors. In many instances exposure to trauma changes an individual's beliefs about themselves, others, and the world. These changes often lead one to feel as if he or she is bad, unsafe, and lacks control over his or her environment (Briere, 2002). Such maladaptive cognitions may put individuals at risk for entering sex work in several ways. For example, if an individual develops the aforementioned maladaptive schemas at an early age, she or he may be vulnerable to recruitment into sex work by pimps (individuals who recruit and manage prostitution transactions) who initially offer the illusion of safety and control. These relationships can devolve fast and may soon lead to drug addiction and violence, which prevents the individual from freely exiting the environment (Raphael & Shapiro, 2004). This theory is supported by research indicating that a major reason that individuals continue to work in the sex industry is due to a lack of physical and psychological protection once they leave (Farley et al., 2003).



Coy (2009) provides another hypothesis which helps explain the relationship between trauma and involvement in sex work. She states that the latter is a way in which individuals who have experienced maltreatment can regain control over some part of their life (in this case, their bodies). Coy also posits that the coping strategies used by individuals during traumatic events, such as avoidance through dissociation or substance use, are also useful tools for sex workers. Individuals who are able to use such tools while servicing clients or experiencing violence on the job are able to, on some level, decrease the immediate effect that such incidents have on them.

Although the aforementioned theories concerning the link between trauma and sex work provide a rationale for why such a literature review is warranted, they are certainly not the sole explanations for why an individual goes into this profession. It must be stated that many individuals engage in sex work who have not experienced trauma in either childhood or adulthood. Furthermore, many individuals in the sex industry are reportedly happy with their job and do not wish to leave (Chudakov, Ilan, Belmaker, & Cwikel, 2002). These individuals indicate that there are many factors that influence one's decision to enter into and continue sex work that are beyond the scope of this paper. Given the research on this population to date, however, it seems likely that the effect of trauma and traumatic symptomatology do influence a large portion of individuals involved in the sex industry. Thus, it is important to consider trauma and the effect of mistreatment of these individuals both on a social and clinical level.

After discussing the methods used to conduct this review, the author will then examine the rates of childhood and adult trauma reported by past studies on sex working populations. Traumatic incidents will include physical and sexual abuse, emotional

abuse, and neglect, as well as some other influential psychosocial factors . After examining rates of trauma in this population, the author will then discuss pathologies and symptoms that frequently follow incidents of maltreatment as related to sex workers. These pathologies include posttraumatic stress disorder, dissociation, substance abuse, and depression/suicidality. Finally, to conclude the literature review a discussion of the overarching themes and suggestions for future research will be provided.

The purpose of this review is to strengthen the current body of literature examining the clinical aspects of sex work. Several studies have examined specific aspects of trauma symptomatology, yet currently few if any have provided information on all of the areas encompassed in this review. Such a comprehensive examination will aid in case conceptualization and treatment planning for these individuals, as well as inspire future studies to contribute more information to this relevant area. With knowledge comes understanding, and an increased understanding of the circumstances surrounding involvement in sex work may help to de-stigmatize these individuals so that actual help can be provided.

## METHODS

A total of 36 sources were utilized for this literature review. These included qualitative studies, quantitative studies, theoretical papers, as well as more commonly used reference tools such as the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-IV; American Psychiatric Association, 2000). Research articles were compiled using online databases including PsychINFO, MEDLINE, and Social Services Abstracts. Articles were obtained by entering the following keyword search topics: *trauma\* AND sex work\**, *trauma\* AND prostitut\** (which encompasses prostitute, prostituting, and

prostitution), *abuse AND sex work\**, *abuse AND prostitut\**, *ptsd AND sex work\**, *ptsd AND prostitut\**, *depression AND sex work\**, *depression AND prostitut\** and *substance AND sex work\**, *substance AND prostitut\**.

Due to the relative lack of literature on male sex workers, this review will focus exclusively on female sex workers. This was done to prevent overgeneralization, as the majority of studies included would solely focus on females regardless of whether or not males were excluded. Thus, studies were excluded if they utilized male participants and did not separate findings by gender. Qualitative studies that included males as subjects were used, as they were more theoretical in nature and the gender of the interviewee was identified in quotations.

Although the study examines sex work and not prostitution specifically, the majority of the studies reviewed used populations comprised solely of individuals who engaged in prostitution. Although this may risk generalizing findings to other types of sex work, such as exotic dancing or operating telephone sex hotlines, many studies have suggested that individuals involved in sex work have performed multiple types of services during their career (Kramer, 2003). Thus, although acts of prostitution predominate the review, it is likely that various other types of sex work may also be represented unintentionally.

The studies in this review include research conducted in various countries other than the United States, including Canada, Mexico, Turkey, China, Israel, Australia, Colombia, Germany, South Africa, Thailand, and Zambia. Due to the diversity of participants, it must be noted that certain cultural factors have likely influenced the conclusions of these studies and must be considered when making broad generalizations.

For example, in cultures that value a collectivist society, such as those seen in China or Thailand, rates of specific pathologies such as suicidality may be lower due to individuals putting their community before themselves. Furthermore, in areas of the world that have recently experienced unrest or where violent incidents are commonly seen, the term “trauma” may carry a somewhat different meaning than in countries where violence is rarer. Although such discrepancies must be noted, the similarities between the studies used for this review suggest that many of the topics discussed are shared by various parts of the world. Furthermore, limiting the studies to one or two countries would have provided an insufficient amount of data for the current review.

## RESULTS

### *Childhood Trauma and Maltreatment*

Several studies have examined the rates of childhood sexual abuse in sex-working populations. (Choi, Klein., Shin, & Lee, 2009; Farley & Barkan, 1998; Roxburgh, Degenhardt, & Copeland, 2006; Van Brunschot & Brannigan, 2002). These studies have had mixed results, with rates ranging from 46% (Vaddiparti et al., 2006) to 75% (Roxburg et al. 2005) of target samples reporting one or more instances of childhood sexual abuse. In a study by Farley et al. (2003), the authors examined the rates of childhood sexual assault on populations of females who engaged in prostitution in nine different countries. The results indicated that, on average, 63% of the women sampled reported being sexually abused as a child, with an average of four perpetrators. Similarly, Farley and Barkan (1998) examined reported rates of sexual assault in a sample of 130 street-based sex workers located in San Francisco, CA and found that 57% of the respondents reportedly had one or more experiences of sexual abuse as children,

with an average of 3 perpetrators per individual. Roxburg, Degenhardt, and Copeland (2006) examined the rates of childhood sexual assault in a group of street-based sex workers in Sydney, Australia, where 75% of the women in their target sample had reported having one or more experience of sexual abuse before the age of 16.

A study by Choi, Klein., Shin, and Lee(2009) attempted to more closely examine childhood sexual abuse in female sex workers by breaking down abuse reports into acquaintance abuse and stranger abuse in a group of 46 Korean women. The authors found that 19.6% of the women reported being sexually abused by a stranger, 21.7% reported being sexually abused by an acquaintance, and 15.2% reported experiencing both types of abuse.

Other studies have examined the rates of childhood sexual abuse in populations that are highly correlated with current or future involvement in sex work. Vaddiparti et al. (2006) examined the rates of childhood sexual assault in a group of 594 substance-using women, some of whom were involved in the sex trade. The authors found high rates of childhood sexual assault in both groups, with the sex-trading women having a significantly higher reported rate (46%) than women who had no experience in the sex trade industry (36%). Interestingly, this study indicated that childhood abuse histories were strongly correlated with later cocaine dependence, which in turn was correlated with subsequent involvement in the sex trade industry. A more detailed examination of substance use will be discussed later.

A study by Rhode et al. (2001) explored depressive symptomatology in a group of 532 homeless adolescents and young adults ages 13 to 20. The authors found that 22.7% of females in the sample reported engaging in sexual acts after being physically forced or

threatened to do so, and that 13% of the respondents admitted to engaging in acts of prostitution after becoming homeless. This information is important considering there is evidence that runaway behavior may be a more significant predictor of later involvement in street prostitution than childhood sexual assault alone (Van Brunschoot & Brannigan, 2002). This study points out the fact that, while childhood sexual assault seems to be highly correlated with later involvement in prostitution, it is likely one of many contributing factors.

While there appears to be far more literature on the relationship between childhood sexual abuse and adult involvement in sex work, several studies have also examined the relationship between other forms of childhood maltreatment and later involvement in the sex industry. For example, Farley et al. (2003) found that 59% of the 854 sex workers in their sample reported being beaten by a parent or caregiver during childhood. Several other studies provide further support for increased rates of childhood physical abuse in adult sex workers, with rates ranging from 40.9% (Choi, Klein., Shin, & Lee, 2009) to 73% (Stoltz, Shannon, Kerr, Zhang, Montaner, & Wood, 2007.)

Some studies have compared various types of childhood abuse in sex working populations. Stoltz et al. (2007) examined the correlation between physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect and involvement in sex work in a group of 361 street-involved youth. The results indicated elevated rates of all forms of abuse in this population; however, only sexual and emotional abuse were found to be independently associated with participation in the sex industry. Van Brunschoot and Brannigan (2002) examined which types of childhood maltreatment were the greatest predictors of later entry into prostitution in a group of 43 female street prostitutes. The

authors found that engaging in sexual activity before the age of 13 and self-reported negative home lives were the most significant predictors. Furthermore they found that the target group, as compared to a group of females in a junior college setting, were 27 times more likely to have been expelled from school, 16.9 times as likely to have run away from home, 4.6 times as likely to have had parents with drug or alcohol problems, and 3.6 times as likely to be physically abused.

Although the aforementioned studies indicate that there is a clear relationship between increased rates of childhood abuse and maltreatment and later involvement in sex work, there are discrepancies which make determining the strength of the relationship difficult. For example, due to its nature the assessment of childhood abuse lies solely in self-report. This can present several difficulties. First, terms such as “sexual abuse” or “physical abuse” mean different things to different individuals. Several of the studies examined did not provide their readers with any definitions of these terms, which suggest that their subjects may have had different ideas of what they meant (Van Brunchoot & Brannigan, 2002; Sanders, 2001). Second, authors that did try to standardize their self-report system by employing structured interviewing techniques (Choi et al., 2009) or quantifiable measures (i.e. Roxburgh, Degenhardt, & Copeland, 2006; Vaddiparti et al, 2006, Stoltz et al., 2007) may have more reliability within their studies; however, comparisons between studies will yield different results due to the differences between measures.

Along with the subjective nature of childhood abuse constructs, one must also question the veracity of the subjects’ childhood recollections. Some critics, such as Brody et al. (2005), go so far as to say that individuals involved with sex work have so

many comorbid pathologies that their ability to be truthful is diminished. Whether or not this is true, it necessary to consider how accurately individuals, in particular the older females sampled in these studies, are able to remember the details of their childhoods. This is especially important when one considers the extensive violence these individuals have experienced in adulthood, which will be discussed later in this review.

The use of inadequate control samples in several of the studies mentioned is another issue that brings the strength of their findings into question (Abramovitch, 2005). First, some studies failed to include control groups (ex. Farley et al., 1998; Farley & Barkan, 1998; Rhode et al 2001). While the rates of childhood abuse seem high in such studies, without a control group to compare these numbers with they carry little meaning. Second, many studies that did use control groups were not appropriately matched on key variables. For example, in Van Brunschoot and Brannigan's (2002) study, their control group consisted of females in a junior college or university. While the mean ages of both samples were comparable (22.6 years for the target group, 21.9 years for the control group), the variability in ages was not, with the target group ranging in age from 14-45 years of age and the control group ranging for 18-29. Furthermore, these groups were not matched on SES or educational level. This information is of critical importance, as SES and educational levels are highly correlated with participation in sex work (Raphael & Shapiro, 2004), and is particularly relevant to this study due to the fact that rates of school expulsion were being compared. It is interesting to note here that while studies whose authors used age and education-matched control groups (Choi et al., 2009; Vaddiparti et al 2006) still yielded high rates of childhood trauma, their rates were generally lower than studies that did not use control groups.



Despite the inherent methodological issues that come with the assessment of childhood maltreatment in adults, the studies discussed indicate that women involved in sex work generally report high rates of abuse and negative events during their childhood. Determining whether or not there is a causal relationship between these two situations requires further analysis, and is beyond the scope of this paper. However, due to the large amount of literature indicating the high correlation between childhood abuse and later involvement in sex work, the question of why this relationship exists is merited.

Several individuals have attempted to understand the relationship between childhood maltreatment and later involvement in sex work by using qualitative research methods. As part of a larger project, Coy (2009) interviewed 14 women involved in prostitution whose ages ranged from 17-32. Coy hypothesized that the women in her study who had been subject to childhood abuse were placed in an objectified role at a young age, and the identity formed around that objectification paved the way for later entry into prostitution. Furthermore, based on several reports by the women of dissociation and avoidant “numbing” behaviors, Coy claims that the strategies these women employed during their childhood abuse were likely still helpful in their sex work practice. While Coy’s study specifically focuses on sexual abuse, it seems reasonable to assume that coping strategies employed by individuals who were physically abused or neglected as children may also serve an adaptive purpose in their careers in the sex industry later in life. Finally, Coy describes the interviewees as vacillating between feelings of powerlessness and empowerment, for although their decision to become involved in prostitution may have been due in part to histories of objectification, the

author conveys that by entering the sex industry these women reported they are, in a sense, regaining control of their objectified statuses and thus control of their bodies.

While incidents of childhood sexual abuse are the focus of many studies that seek to understand the motives for entering the sex industry (i.e. Abramovich, 2005; Coy, 2009) other studies attribute this decision to factors independent of sexual abuse. Rose and Venkatesh (2008) conducted a qualitative study that examined both men's and women's reasons for entering into prostitution. While the authors in this study acknowledged the increased rates of childhood sexual abuse in these individuals, they noted that during the interview process the subjects did not focus on their past incidents of maltreatment. Instead, the participants in this study emphasized the more practical reasons for going into sex work, including insufficient education for other desired jobs, the flexibility associated with sex work, and their community's acceptance of sex work as a viable choice of employment. While this study cast a more empowering light on sex work than some of the other studies discussed, it must be noted that the subjects in this study were working independently of pimps. Because it is generally understood that working with pimps is associated with less job freedom and increased rates of violence (Sanders, 2001), this study may not be generalizable to sex workers performing in less desirable settings.

Although there appears to be disagreement about the prevalence and relationship between childhood maltreatment and later involvement in sex work, the basic conclusions of the aforementioned pieces of research indicate that there is a significant correlation between the two. This information is important due to its relevance in the mental health care of individuals who are currently involved in, or who have a history of, sex work.

Whether these individuals are seen in a community mental health setting, drug and alcohol treatment facility, or correctional unit, the increased likelihood of childhood trauma suggests that their maladaptive behavior may be a result of longstanding distress and inadequate coping skills. Furthermore, knowing that childhood maltreatment is correlated with involvement in sex work is beneficial when working with child victims of maltreatment. Addressing issues such as objectification, powerlessness, and healthy coping strategies may serve as preventative measures so that these children do not get into serious legal and psychological trouble later in life.

#### *Traumatic Experiences as Adults*

Literature on the rates of past and current violence in the lives of sex workers indicates that these individuals are exposed to intense and frequent traumatic incidents while on the job. Types of violent encounters seen in past literature include but are not limited to being raped, stabbed, forced to engage in degrading sexual acts, threatened with a weapon, kidnapped, stalked, verbally abused, tied up, tortured, beaten with objects, and run over by motor vehicles (Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002; Farley et al, 2003).

In the literature reviewed for the current study, the rates of physical threats or assault ranged from 7.9% (Ling et al., 2007) to 75% (Sanders, 2001), with the majority of studies finding rates in the higher end of the spectrum (Farley et al., 2003; Roxburgh, A., Degenhardt, L., & Copeland, J., 2006; Stoltz et al., 2007). A study conducted by Surratt, Inciardi, Kurtz, and Kiley (2004) examined the lives of women engaging in street prostitution in what they describe as the *subculture of violence*. The researchers interviewed 325 female sex workers who were also using cocaine and/or heroin, and

asked them about the severity and variety of past-year violence. The results highlight the high frequency of violence experienced by this population, as 41.5% of the women reported some violent encounter while engaging in sex work in the year prior to the study. Furthermore, qualitative aspects of the study indicated that, for the majority of the women interviewed, violence was considered an inevitable part of the job. Although this finding is unfortunate at best, it is logical when seen in the context of a violent culture with, as Surratt, Inciardi, Kurtz, and Kiley write:

Dense concentrations of socioeconomically disadvantaged persons with few legitimate avenues of social mobility, lucrative illegal markets for forbidden goods and services, a value system that rewards only survival and material success, and private enforcement of the informal rules of the game. (p. 44)

In terms of the variety of physical threats or assaults, studies vary on which types of incidents are the most prevalent. For example, Farley et al. (2003) found that physical assault was the most common form of physical violence, with a reported rate of 71%. In contrast, Surratt, Inciardi, Kurtz, and Kiley (2004) identified robbery as the most commonly occurring type of violence, with a 28.9% prevalence rate. Clearly, there is a large discrepancy between both the types of violence and the sheer rates of violence in these studies and others (Roxburgh, Degenhardt, & Copeland, 2006; Ling et al., 2007) that warrants further exploration. One hypothesis is that the location of these studies may influence the amounts of violence. Farley et al. conducted their study with sex workers in 9 different countries, including Canada, Colombia, Germany, Mexico, California, Turkey, Thailand, Zambia, and South Africa. Surratt et al, on the other hand, limited their study to the Miami metro area of Florida. This difference may explain the varying

rates of violence, as many of the locations of Farley's study are countries rife with political unrest and the frequency and severity of violent incidents may be greater in the general population of such countries.

Another plausible explanation for the discrepancy in reported rates of violent incidents may be the type of sex work focused on in the studies. Several researchers have hypothesized that certain types of sex work, for example street work, may have a higher risk of violence associated with them (Roxburgh, Degenhardt, & Copeland, 2006). Raphael and Shapiro (2004) compared the types of violence experienced between indoor and outdoor prostitution venues and found that those involved in outdoor prostitution (prostitution initiated on the street, in cars, or in drug houses) generally experienced more physical assaults than women involved in indoor prostitution (including exotic dancing and escort services). It should be noted that although general levels of physical violence were higher among street-based prostitutes, women who worked in indoor venues experienced greater rates of specific types of physical assaults such as spanking and pinching. Furthermore, more women working in indoor venues reported being forced into having sex, a topic that will be discussed in greater detail later in this section.

The legality of sex work may also affect the number and severity of violent incidents experienced by female sex workers. For example, Ling et al. (2007) found low rates of violence in their study of 89 female street workers in Hong Kong, where prostitution is legal, compared to many of the studies conducted in the United States, where prostitution is predominately illegal (Surratt, Inciardi, Kurtz, & Kiley, 2004). This difference may be due to sex workers having more rights in countries where their trade is legal, or perhaps safer locations to work such as brothels and massage parlors. Though

this reasoning seems logical, it warrants further exploration due to the fact that other studies conducted in regions of the world where prostitution is legal report rates of violence as high as those generally seen in studies taking place in the United States (Roxburg, Degenhardt, & Copeland, 2006; Farley et al., 2003).

Due to the physical vulnerability inherent in sex work, it should be no surprise to readers that there is a high prevalence of sexual assault reported in the literature. Ling et al. (2007) found reported incidents of sexual assault in 2.2% of their sample; however, this number is noticeably smaller than rates reported in other studies, which range from 12.9% (Surratt, Inciardi, Kurtz, & Kiley, 2004) to 63% (Farley et al., 2003). Roxburg et al. (2006) examined the rates of violent incidents in a population of 72 female street-based sex workers in the greater Sydney area of Australia. The researchers found that, out of the women in their sample, 40% reported being raped with a weapon on one or more occasions, while 33% reported being raped without a weapon.

Despite the high incidence of sexual assault in this population, research indicates that sex workers who have been raped on the job are not likely to seek legal protection or retribution. Sanders (2001) examined violence and protection strategies in a group of 75 street-based sex workers and found that only 28% of the participants who had been assaulted reported the incident to the police. Furthermore, these women only reported incidents in which there was a physical assault independently or along with a sexual assault. The author indicated that the reason for these women's hesitation to go to authorities was out of fear that rape charges would not be taken seriously due to their line of work. More frightening are findings from a study conducted by Raphael and Shapiro (2004), where 24% and 30% of respective subjects engaging in prostitution on the street

and in exotic dance venues reported being sexually assaulted by a police officer. Incidents such as those reported by the individuals in this study allow readers to sympathize with the catch-22 situation that sexually violated sex workers are faced with in regards to reporting the crime committed against them.

While police officers are mentioned as perpetrators of physical and sexual violence in multiple studies (Raphael & Shapiro, 2004; Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002), the majority of violence against sex workers appears to come from pimps and customers (“johns”; Roxburgh, Degenhardt, & Copeland, 2006; Raphael & Shapiro, 2004). Nixon et al. (2006) used a semi-structured interview format to explore violence and protection strategies in a group of 47 past or current prostituting women living in the Canadian prairie provinces ( i.e. Saskatchewan, Alberta, and Manitoba). The researchers in this study did not ask any questions that inquired about violent or abusive incidents. Nevertheless, over half of the women reported being assaulted or threatened by their pimps, which the researchers consider an underestimation of the actual violence perpetrated by pimps. Consistent with other studies (e.g., Sanders, 2001), the women in this study reported that acts of violence perpetrated by pimps usually served as a way for these individuals to assert authority over the sex workers they managed. Similar to the rates of abuse from pimps, over half of the women in Nixon et al.’s study reported experiencing violence from customers, with only 1 out of the 47 women reporting she had never been threatened or assaulted by a customer.

In the context of Surratt, Inciardi, Kurtz, and Kiley’s (2004) subculture of violence discussed earlier, it would seem likely that individuals involved in prostitution would be exposed to multiple traumas. Research supports this. For example, in Sanders’

(2001) study of violence in sex workers a total of 211 violent incidents were reported among 75 subjects, indicating an average of 2.8 traumas per individual. Other studies reflect a higher number of traumas, with averages reaching as high as 19.63 traumas per individual (Cooper, Yuille, & Kennedy, 2002). Although the variability in these values highlights the heterogeneity of the sex worker population in terms of traumas experienced, this information should not be ignored. Research in this population indicates that the severity of traumatic symptomatology is positively correlated with the number of traumas experienced by an individual, making the frequency of lifetime violence an important treatment consideration (Farley et al., 2003).

Along with specific incidents of interpersonal violence, the general experience of engaging in sex work seems to come with an emotional cost. In other words, the job itself is traumatizing. Kramer (2003) examined the emotional experiences of performing prostitution using a semi-structured interview style. The author found that out of the 119 women interviewed 76% reported that engaging in prostitution was emotionally painful, and 52% reported that engaging in prostitution was physically painful. These results suggest that the day-to-day pain encountered by many sex workers can be seen as micro traumas, which may compound and exacerbate distress when paired with acts of physical and sexual violence.

The major disadvantage that is present in nearly all of the studies assessing levels of trauma is the nature of the data collected. These studies must rely solely on the self-report of sex workers, which may or may not be reliable depending on the individual and situation. Although at face value it may seem like the subjects in these studies do not have anything to gain or lose by reporting honestly, intentional and unintentional



misreporting must be a consideration. Fear of being reprimanded by pimps and bosses, inability to think clearly due to drug use, and effects of severe pathology are all variables that may have significantly impacted the results of the aforementioned studies.

Unfortunately, this risk is one that cannot be readily controlled for in future studies given the subject matter and methodologies required. Along these lines, the meaning of such terms as “physical assault,” “threat,” and “rape” may be interpreted differently to individuals based on their history and the culture of violence that serves as the backdrop for such happenings.

Another consideration that is important in the literature is heterogeneity within each study’s population. Although the averages reported were generally high, one must remember that these are just averages. There are certainly several individuals involved in the sex industry who have not experienced any form of physical and sexual violence. As with any population, it is important when working with individuals involved in sex work, whether in research or in a clinical setting, that one not assume they have been through one trauma or another, and instead to allow them to communicate their own experience.

Though such considerations must be kept in mind, the results of various studies in this field allow one to conclude that women involved in sex work are at a higher risk for physical and sexual violence than the general population. Furthermore, women who have been assaulted or threatened while engaging in prostitution are not likely to report the crimes committed against them to the authorities due to fear that their claims will not be taken seriously. This appears to be particularly true for sexual crimes, which are also the incidents which sex workers report are the most traumatizing (Roxburg et al., 2006).

The effects of trauma coupled with the lack of faith in the justice system suggest that many women involved in sex work are suffering a great deal yet are not seeking help.

### *Posttraumatic Stress Disorder*

Thus far, the focus of this review has been on the increased prevalence of traumatic incidents for female sex workers during childhood and adulthood. The combination of past and current maltreatment, coupled with enduring physical and emotional pain present in the lives of so many in this population, puts these women at great risk for a variety of trauma-related psychopathologies. The following sections will begin to focus on the trauma sequelae that have been studied in this population. First, some literature that discusses the rates of Posttraumatic Stress Disorder (PTSD) in females working in the sex industry will be discussed. Following this will be a more in-depth look at specific symptoms and behaviors commonly seen in trauma related disorders including dissociation, substance abuse, and depression.

According to the DSM-IV (American Psychiatric Association, 2000), PTSD is a diagnosis that may be given to an individual following a traumatic event in which the individual experienced or witnessed “an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (467, APA, 2000). This event must be coupled with feelings of helplessness, fear, or horror. Following this event the individual must exhibit symptoms in three domains that significantly impair her or his functioning: physiological arousal; re-experiencing of the event via flashbacks, intrusive thoughts, or dreams; and avoidance of stimuli that are associated with the event and/or emotional numbing. PTSD decreases the quality of one’s life due to an increased amount of fear and anxiety experienced on a daily basis.

Furthermore, often avoidant behaviors limit what an individual can do, or cause engagement in negative coping strategies such as substance abuse.

Studies that examine the prevalence of PTSD in samples of female sex workers have identified rates ranging from 17% (Chudakov, Ilan, Belmaker, Cwiken, 2002) to 63% (Farley et al., 2003). Despite the variation in numbers, all the rates reviewed are considerably higher than the 3.5% prevalence rate for Americans ages 18 and older (National Institute of Mental Health, 2008). Roxburgh, Degenhardt, and Copeland (2006) found that 47% of their sample of 72 street-based sex workers in Sydney, Australia met criteria for posttraumatic stress disorder based on a diagnostic interview. Furthermore, of the women who met criteria for PTSD, 91% suffered from the chronic form of the disorder.

Although the reported prevalence rates for PTSD in studies examining females engaging in prostitution are high, research indicates that they are not as high as the rates of traumatic events experienced in this population (Rosburgh, Degenhardt, & Copeland, 2006; Farley et al, 2003). This pattern is expected and seen in other populations of traumatized individuals as well: not everyone who experiences a traumatic event goes on to develop PTSD. One major question that these findings bring up concerns risk factors for the development of PTSD: who gets this disorder, and what makes them different than those who do not develop it?

Several studies have identified risk factors for the development of PTSD in female sex workers. For example, Jung, Song, Chong, Seo, and Chae (2007) explored length of time engaging in prostitution and age of the subject to determine if there were variables that made one more susceptible to experiencing PTSD symptoms. To assess for

trauma symptomatology, the authors used the Davidson Trauma Scale, a 17-item self-report measure that assess the frequency and severity of PTSD symptoms (Davidson, 1996) , and the Impact of Event Scale, which is a 22-item self-report measure that examines the psychological impact of traumatic events (Weiss & Marmar, 1996). Not only did the authors find significantly higher scores on both scales in the target sample compared to the control group, but they also found that scores on the DTS were positively correlated with both age and time spent in the sex trade. These results indicate that the longer an individual was involved in prostitution the more severe her symptoms of PTSD were. Furthermore, the researchers in this study found that the older the subject was the more severe her symptoms were. It must be noted that although these two variables were tested independently of each other, there is likely to be overlap between them, meaning that the older subjects may have been working in the sex industry longer, making a causal relationship difficult to determine.

Studies have also examined the role that past and current traumas play in the development of PTSD. Farley et al. (2003) found that of the 63% of their sample who met criteria for PTSD, those with greater severity of symptoms generally had a greater number of lifetime traumatic incidents, including childhood and adult sexual and physical assault. This idea is supported by other studies. For example, Roxburgh, Degenhardt, and Copeland (2006) found that the women in their sample who met criteria for PTSD were four times as likely to have experienced adult sexual assault as those who did not meet criteria. Interestingly, although adult sexual assault appears to be correlated with the development of PTSD, this study found no correlation between rates of childhood sexual assault and PTSD diagnoses.

Although studies above provide an adequate exploration of the risk factors related to career length and trauma history in the development of PTSD, there is a lack of research examining other potential risk factors independent of the sex work profession. Research on PTSD in the general population has determined that there are a myriad of factors which either protect or put one at risk for development of PTSD, including social support, coping skills, depressive disorders, and family history of mental health issues (Carlson, 2010). Future researchers examining sex-worker populations would do well to include some or all of these factors in their studies to better understand the development of PTSD in this group.

#### *Dissociation, Depersonalization, and Dissociative Identity Disorder*

Though categorically separate from trauma-related disorders, dissociative symptomatology is frequent in individuals who have experienced trauma (Van der Hart, Nijenhuis, & Steele, 2005). Symptoms of dissociation are characterized by disturbances in consciousness, memory, identity, or perceptions that are usually integrated in normal functioning (American Psychiatric Association, 2000). Dissociative episodes can take the form of “flashbacks,” where one feels as if they are reliving prior traumatic experiences and are accompanied by psychological distress and physiological symptoms such as hyperarousal. Extreme cases of dissociation may result in Dissociative Identity Disorder (DID) which occurs when an individual’s identity is fragmented into two or more distinct personalities (“alters”) who alternate control over the individual’s behavior. Individuals with DID are typically unable to recall events or actions of one alter when another alter is present (APA, 2000). Finally, depersonalization, or feeling detached or estranged from one’s self is another common symptom following trauma. (APA, 2000)

Depersonalization is mentioned frequently in literature examining traumatic symptomatology in populations of sex workers, as many report feeling detached from their bodies while performing sexual services (Coy, 2009; Roxburgh, Degenhardt, & Copeland, 2006).

Although disorders on the dissociative spectrum are usually differentiated from trauma-related pathologies (APA, 2006), individuals who have experienced significant histories of trauma often display symptoms of both (Roth, Newman, Pelcovitz, van der Kolk, Mandel, 1997). Van der Hart, Nijenhuis, and Steele (2005) go as far as to say that the two disorders should be considered dimensions of the same construct instead of having separate, categorical identities. The authors argue that dissociation is a direct result of one's inability to incorporate traumatic experiences into his or her everyday schemas. As a result, the individual's identities "split," so that one identity can process and make sense of the traumatic event (or events), while the other identity can function as usual in the world. The authors discuss the varying levels of dissociation, which range from simple mood swings to DID.

Theorists who posit that individuals experience dissociative symptoms as a result of prior traumas suggest that these symptoms serve an adaptive purpose. (Van der Hart, Nijenhuis, and Steele, 2005; Coy, 2003) Several researchers who focus on dissociation among sex working populations support this idea. For example, Ross, Farley, and Schwartz (2003) hypothesize that dissociation is an acquired adaptation—compartmentalizing negative trauma memories allows individuals to avoid the impossible task of integrating them into their pre-existing schemas. In her qualitative examination of female sex workers, Coy (2009) discusses the relationship between prior sexual abuse

and dissociation. The author suggests that a woman's acquired ability to separate her mind from her body in the face of trauma is a survival mechanism. Sex workers who have experienced abuse are able to "turn off" their body through dissociation or depersonalization, so that the individual is not fully present for future acts that may be considered traumatic.

Other trauma researchers suggest that dissociative symptoms are not only a by-product of trauma, but also serve an adaptive purpose for individuals through avoidance, particularly for populations such as sex workers who are at such a high risk of re-traumatization. While in one sense the presence of dissociative symptoms helps protect individuals by preserving their pre-existing beliefs and worldviews, avoidance through dissociation increases the risk of individuals putting themselves into another dangerous and potentially traumatizing situation (Ross, Farley, & Schwartz, 2003).

Although a deeper exploration into dissociative disorders and trauma sequelae is beyond the scope of this paper, the relationship between the two pathologies is highlighted in literature examining dissociation in female sex workers (Ross, Farley, & Schwartz, 2003; Cooper, Kennedy, and Yuille, 2001). Ross, Farley, and Schwartz (2003) examined the relationship between trauma and dissociation by comparing four separate studies of female sex workers in Winnipeg, Canada; Vancouver, British Columbia; Istanbul, Turkey; and the United States. The researchers used the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986), which is a widely used self-report measure that examines dissociative experiences. Scores on the DES range from zero to one hundred, with a score of 30 indicating abnormal levels of dissociation and a score of 50 or above indicating DID (Bernstein & Putnam, 1986). The mean DES scores for the

four studies ranged from 13.2 to 32.6. Furthermore, Ross et al. found that in all four studies, females involved in sex work had significantly higher mean DES scores than the control groups. Interestingly, in the Winnipeg study the authors found a positive correlation between the number of traumas experienced and the number of dissociative symptoms reported, however in the Vancouver study no such relationship existed. This discrepancy highlights the variability inherent in this type of research and emphasizes the role of individual differences in symptom expression (Cooper, Kennedy, Yuille, 2001).

A study conducted by Cooper, Yuille, and Kennedy (2002) also found high rates of dissociative symptoms among 36 female sex workers who were interviewed in a safe house in Vancouver, B.C. The authors found high rates of dissociation among participants, with DES scores ranging from 6.43-80 with a mean of 32.6. In this particular study, Cooper et al. were interested in examining the relationship between depersonalization and dissociative symptoms. They did this by having their subjects describe two traumatic memories (one sexual and one non-sexual) and one non-traumatic memory, to determine whether the subject remembered the events from observer perspective or a field perspective. The observer perspective was characterized by the individual feeling as though she was detached from her body and watching the trauma happen from an outsider's perspective. Those who took the observer perspective were considered to have experienced depersonalization. In contrast, the field perspective was considered the "normal" perspective, and was characterized by the individual remembering being present in her body for the traumatic event. The results of this study indicated that those who experienced traumatic events in the observer (depersonalization) perspective described the event in greater detail and had higher dissociative symptom



levels than those who experienced the traumatic event in the field perspective.

Furthermore, Cooper et al. found a significant correlation between sexual trauma and dissociative symptoms; however, there was not a significant correlation between non-sexual trauma and dissociative symptoms.

The results of these studies indicate that individuals involved in sex work experience higher levels of dissociation than control populations, with DES scores ranging from nonclinical levels to levels indicative of DID. However, studies that specifically examine dissociation in populations of sex workers are few and far between. The pieces of literature reviewed indicate that the relationship between various types of traumas (childhood/adult, sexual/non-sexual) and dissociative symptoms are unclear and warrant further exploration. Clearly more research is needed both to clarify the rates of dissociative symptoms and to provide more structure to the theories surrounding trauma and dissociation in sex working populations. Furthermore, variability in these studies highlight the influence that individual differences have on the expression of trauma and dissociative symptomatology. Because of these differences, the ability to explain what causes one to experience dissociative symptoms and what prevents one from doing so will never be fully possible.

### *Substance Abuse*

Although alcohol and drug use is a problem that is seen independently of trauma, comorbidity rates between substance abuse and trauma-related pathologies are high (Najavits, 2002; Najavits, Weiss, Shaw, 1997). This is generally thought to be because alcohol and drug use provides a way for traumatized individuals to avoid the triggering

stimuli they encounter in their day-to-day life or to numb the persistent distress that they experience.

In female sex working populations, drug use could reasonably be considered the norm rather than deviant behavior (Jung, Song, Chong, Seo, & Chae, 2007). Not only do these individuals have a high likelihood of having a traumatic history, they also are constantly in risky situations. For example, sex workers often do not know whether their next customer will be safe or violent. Drugs and alcohol not only serve as tools by which individuals can avoid or block out painful memories of traumatic pasts, but they also help these individuals numb their fear so that they can perform their services effectively (Kramer, 2003). Also, substance use in this career does not pose as severe a threat as it may in other less stigmatized professions, as drug and alcohol use are often expected in sex workers. As Rose and Venkatesh (2008) stated in their study, sex work “allows the men and women to earn an income while being users, as they are often unable to hold a steady job because of their habit” (p.434).

While there are certainly individuals in this profession who do not use alcohol or drugs (Rose and Venkatesh, 2008), drug use among this population is exceptionally high. In the literature reviewed, rates of drug and alcohol use in female sex working populations ranged from 48% (Farley et al., 2003) to 94% (Roxburg, Degenhardt, & Copeland, 2006). Several authors have attempted to explain why these rates are so high. For example, in their sample of 113 former prostitutes, Jung, Song, Chong, Seo, and Chae (2007) found that problematic drinking and smoking were positively correlated with the frequency that these women experienced PTSD symptoms.

Kramer (2003) examined the motives for using substances in a group of 119 sex workers who were either incarcerated or working in an escort agency. In this study, 59% of the individuals sampled reported using drugs while engaging in prostitution and 28% reported using alcohol. In terms of motives, 70% of the respondents reported using drug use to facilitate emotional detachment from the experience and 44% of the respondents said that they used substances to cope with the fear associated with engaging in sex work. Furthermore, 54% of subjects stated that they were unable to engage in sexual acts with a client unless they were high. These results not only indicate that drug and alcohol use helps sex workers perform their jobs, but they also indicate that many of these women are dependent on such substances.

Although the literature allows one to conclude that there are increased rates of substance abuse in sex-working populations (Farley et al., 2003; Rose & Venkatesh, 2008), no such conclusions can be made regarding causality. Although it is likely that many individuals began abusing drugs and alcohol following their entry into prostitution, it is just as plausible to posit that individuals were using drugs and alcohol prior to their foray into sex work. Roxburg, Degenhardt, and Copeland's (2006) study highlights how the causal relationship between drugs and sex work depends on the individual sex worker. Out of the 72 women in their sample, 53% said that they engaged in prostitution in order to pay for their drug habit, with 7% reporting that the only reason that they work in the sex industry is so that they can pay for and use drugs. Conversely, 54% of these women reported that they engaged in drug use to "numb out" so that they could successfully perform sexual acts. Further, 18% of the sample reported that their relationship with drug use and sex-work was reciprocal in nature—that is, both behaviors

influenced the other equally. These results highlight the impossibility of identifying a causal relationship between drugs and entry into sex work in this population, as it is really dependent on each individual's motives and life circumstances.

The aforementioned literature regarding substance use in female sex-working populations is important in that it aids in informing treatment considerations. These individuals are often found in drug and alcohol treatment programs, and without a proper understanding of the context in which their substance abuse exists they may not receive adequate care. Burnett, Schenider, Ilgen, and Timko (2008) examined data from a total 1,604 women who were in treatment for substance use and found that 42% of them had admitted to engaging in prostitution in the year prior to treatment. Unfortunately, the authors also found that these individuals may not have been getting all of the care they needed. While the majority of substance abusing women who admitted to engaging in prostitution were enrolled in an inpatient setting, these women were less likely than those in an outpatient setting to receive psychosocial services. Presumably, inpatient treatment facilities would allow these individuals to be removed from the dangerous environment in which they engaged in sex work; however, without adequate psychosocial services and case management these women may be forced back into such environments after treatment is completed. At this point more research is needed to determine what types of care best result in successful substance rehabilitation for sex workers so that a standard of care can be developed and implemented.

#### *Depression and Suicidality*

An examination of traumatic symptomatology in a particular population would not be complete without also exploring the rates of depression, due to the high rates of

comorbid presentation. Depression, or major depressive disorder, is characterized by the presence of one or more major depressive episode in which an individual experiences a variety of symptoms which may include depressed mood, decreased interest or pleasure in things that were previously thought to be enjoyable, changes in appetite or weight, sleep disturbances, and hopelessness among others (American Psychiatric Association, 2000). Due to the fact that depression frequently occurs independent of other disorders, it can be overlooked as a component of the trauma sequelae. However, depression has a strong relationship with trauma as it is the most commonly diagnosed pathology following a traumatic event. By their nature, traumatic events often cause individuals to question their pre-existing beliefs about themselves, others, and the world. This dissonance between an individual's beliefs and his or her experience not only diminishes trust in others, but may also impair one's ability to trust oneself leading to a constant feeling of being unsafe. Naturally, such changes may cause an individual to feel hopeless, depressed and in some cases suicidal.

One would assume that with such high rates of childhood and adult traumas in female sex worker there would be equally high rates of depressive symptomatology. Research confirms this. For example, Ling, Wong, Holroyd, and Gray (2007) examined the rates of depression and suicidality in a group of 89 female street-based sex workers located in Hong Kong. The researcher indicated that 55.1% of the subjects endorsed the statement "I do not enjoy my life at all" and that 48.3% denied finding their lives meaningful. In terms of suicidality, 25.8% of the target group admitted to considering and/or attempting suicide, with 6.7% reporting one suicide attempt and 2.3% attempting two or more times. The researchers in this study found that suicidality was positively

correlated with both the number of work threats and educational level, meaning that sex workers who had higher levels of education were more likely to consider or attempt suicide. This fact is particularly interesting when one considers that sex workers generally have significantly lower educational levels than the general population (Van Brunchoot & Brannigan, 2002).

The fact that sex workers have elevated rates of depressive symptomatology than the general population is further supported by a study conducted by Roxburgh, Degenhardt, and Copeland (2006). Using the Beck Depression Inventory II (BDI-II; Beck, Steer, & Brown, 1996) the researchers found that 87% of their sample of 72 women endorsed symptoms indicative of at least mild depression. Furthermore 54% of the subjects scored high enough on the BDI-II to indicate severe symptoms. Roxburgh, Degenhardt, and Copeland also examined suicidal ideation and past attempts and found reported rates of 74% and 43%, respectively. These rates are strikingly larger than those found by Ling, Wong, Holroyd, and Gray (2007), which were 25.8% for suicidal ideation and 6.7% for attempts. Although this discrepancy certainly warrants further research, one plausible explanation may deal with the cultural differences between the two studies. Roxburgh, Degenhardt, and Copeland's study took place in Sydney, Australia, whereas Ling et al.'s study was conducted in Hong Kong, China. These two cultures have a vastly different idea of the individual's role in society, Australia being a predominately individualist culture and China being a predominately collectivist society. Research has shown that rates of suicidality are much lower in collectivist societies, where the individual is first and foremost considered a member of a group rather than a single identity. This discrepancy highlights the roles that culture and context play in trauma

research, and underscores the fact that the conclusions drawn from this research are broad and should be considered within the context of a myriad of individual factors.

Along with the aforementioned quantitative data, there have also been qualitative researchers who have examined depression in female sex workers. For example, Kramer (2003) examined the emotional experiences of sex workers while performing acts of prostitution. The researcher asked 119 female sex workers to generate words that described their feelings while engaging in sexual acts with customers. Of these emotion words, 90% had negative connotations. The most frequently occurring words generated by these women included sadness, depression, undesirable, anger, resentment, detachment/disconnection, fear, and anxiety. While this study is inherently more subjective than those yielding quantitative data, it helps highlight the large amount of negative emotionality that sex workers experience on the job.

The literature that has been reviewed regarding depressive symptomatology provides useful information for providers who treat individuals or populations of sex workers. Although an individual involved in sex work who is seeking professional help may not show signs of PTSD, she or he may still be experiencing significant emotional distress in the form of depression, hopelessness, or even suicidality. Although research remains mixed regarding the frequency of suicidal ideation in this population, studies up to this point have indicated high rates which suggest that a formal risk assessment should be done during the initial stages of treatment. Although the research on this topic has been invaluable, studies are sparse and there is certainly a need for more research to be done which examines risk factors for depression among sex working populations, as well

as studies which examine cultural differences and how they affect expressions of psychological distress in this population.

## DISCUSSION

The literature included in this review demonstrates that female sex workers experience high rates of violence both in childhood and throughout the course of their profession (Choi, Klein, Shin, & Lee, 2009; Farley et al., 2003; Farley & Barkan, 1998; Jung, Song, Seo, & Chae, 2007; Ling, Wong, Holroyd, & Gray, 2007; Rose & Ventaketesh, 2008; Roxburgh, Degenhardt, & Copeland, 2006). These experiences of violence lead to various pathologies including PTSD (Farley et al., 2003; Roxburg, Degenhardt, & Copeland, 2006), dissociative symptomatology (Coy, 2009; Van der Hart, Nijenhuis, Steele, 2005), drug and alcohol abuse (Burnett, Schenider, Ilgen, & Timko, 2008; Jung, Song, Cho, Seo, & Chae, 2007; Kramer, 2003) and depression (Ling, Womg, Holoroyd, & Gray, 2007; Roxburgh, Degenhardt, & Copeland, 2006). Although a causal relationship between involvement in sex work and these varying pathologies cannot be determined from the aforementioned studies, it is clear that these multiple factors are related. One may hypothesize that those who have experienced childhood or adult trauma are more likely than the general population to become involved in sex work and vice versa. Sex workers are furthermore subject to higher rates of PTSD, dissociative pathology, substance abuse, and depression than the general population, though again a causal relationship is difficult to determine.

Some theorists suggest that individuals who have experienced childhood trauma develop unhealthy coping habits, such as substance use and dissociation, which are later used to cope with the myriad of stressors that often accompany a profession in sex work



(Coy, 2009). These unhealthy coping mechanisms may come at a price—despite having the ability to immediately cope with traumatic events the long-term effect is detrimental. Research has shown that the severity and frequency of traumatic events, whether in childhood or adulthood, greatly increase the risk for various trauma-related pathologies (Jong, Song, Chong, Seo, & Chae, 2007). Furthermore, the more an individual uses unhealthy, and potentially pathology causing, coping mechanisms, the less likely they are to learn and acquire healthy coping skills to get out of the violent cycle. This idea is supported by Farley et al. (2003), as the authors found that out of the 89% of their total population of sex workers who reported wanting to get out of the life, 56% said they needed individual counseling to do so. Furthermore, 47% of those wanting to exit prostitution reported needing alcohol and drug treatment, 45% needed self-defense classes, and 75% needed a safe place to reside in after they left. Unfortunately, due to the stigmatizing nature of their profession and the overt or covert hostility expressed by police officers and other authority or helping figures, these individuals are rarely able to ask for or receive the help they need (Nixon et al., 2006; Raphael and Shapiro, 2004). What's more, the lack of knowledge about the treatment needs of this population has lead to a problem of underfunded public treatment options, and thus a lack of resources.

The information provided in this review is relevant to psychologists and other mental health providers who work with individuals involved in sex work. Not only is it important for providers to assess for both childhood and adult maltreatment in this population, but it is also crucial to explore how these incidents have influenced the choice to enter or remain in sex work. Furthermore, identifying the coping mechanisms utilized by clients in this population and examining how they are both helpful and detrimental

will aid in conceptualizing where the client is and what they need from treatment. Of course, although one must be thorough in assessing for histories of violence and maladaptive coping skills, one must also be mindful that not all sex workers have trauma-related pathologies, nor have they necessarily experienced maltreatment in their lifetimes. With this in mind, however, it seems more likely than not that an individual seeking mental health services whether voluntarily or by order of the court has witnessed or personally experienced some type of violent incident which may be impacting his or her current functioning.

While the literature to date has provided an excellent foundation for research on the psychological aspects of sex work, there are several limitations in the studies reviewed that warrant consideration. For example, in terms of assessing for a history of trauma, all of the studies reviewed either relied on subjective client self-report (Van Brunschot & Brannigan, 2002; Sanders, 2001) or self-report measures of violence which could also be construed as subjective (Roxburgh, Degenhardt, & Copeland, 2006; Stoltz, Shannon, Kerr, Zhang, Montaner, Wood, 2007). Relying solely on self-report for data collection runs the risk of drawing inaccurate conclusions due to over- or underreporting. However, as self-report is the only way to assess for such autobiographical events this can be seen as a methodological flaw inherent in this type of research.

As mentioned earlier, the lack of adequate control samples is another criticism of the reviewed studies. While some studies attempted to use controls that were matched on age (Roxburgh, Degenhardt, & Copeland, 2006) others failed to use any control groups (Farley et al., 2003; Farley & Barkan, 1998). The failure of many studies to use control groups that are matched on relevant factors such as SES or education, let alone any

control group, bring the conclusions into question. For example, Farley et al.'s (2003) study surveyed sex workers in nine countries, yet the authors neglected to mention the rates of PTSD in the general populations of any country studied. Thus, while rates of particular events or pathologies may be high based on the reader's own ideas of prevalence, there is no way to statistically prove whether or not these rates are significantly higher than the general population (although some studies found rates so high that it may be safe to assume that they are statistically significant).

The lack of research on male or transgender sex workers is another criticism of the literature to date. Although females make up the majority of sex workers, the number of male and transgender individuals entering the sex industry is increasing (Scott, Minichiello, Mariño, Harvey, Jamieson, Browne, 2005). More research must be done on traumatic histories and pathologies present in male and transgender sex workers in order to prevent inaccurate treatment generalization. Furthermore, comparing the trauma histories and symptomatology of male, female, and transgender sex workers would be useful in identifying similarities and discrepancies between populations that may be relevant to treatment.

Another important area of research that is currently lacking is an examination of the different forms of sex work and how they are related to both trauma and trauma-related pathologies. The majority of current research has examined trauma and its sequelae in women who engage in prostitution, whether street-based or indoor. Only one study reviewed examined exotic dancers (Ross, Farley, & Schwartz, 2003). This field of study would benefit from future research that examines trauma rates in a variety of sex work, including exotic dancing, operating telephone sex lines, and pornography. A

caveat in this suggestion is that research indicates a significant overlap between types of sex work (Kramer, 2003), so that an individual who has performed in one area of sex work (such as prostitution) has likely performed in another (exotic dancing, etc.). Nevertheless, including more types of sex work into this growing body of literature would be helpful in treating individual clients whose sex work experience may not include prostitution.

A final suggestion for future research highlights the importance of being considerate of differing cultural values and expectations. There is a lot of diversity in the literature on sex work, as many studies have been conducted in countries outside of the United States. When exploring the rates of trauma and current pathologies in these studies, it is important to consider that certain cultural views and practices may hinder the comparison of studies done in differing countries. For example, the fact that prostitution is legalized in several countries may indicate that individuals who engage in sex work in one country may be more protected, and thus experience less violence, than another. Furthermore, in societies outside of the United States sex workers may not be as negatively stigmatized. This absence of collective societal judgment may or may not serve as a protective factor for the development of certain pathologies, such as depression and low self-worth. Future studies which examine similarities and discrepancies between studies done in various cultures would be useful in informing researchers and treatment providers when generalizing is acceptable and when it is not.

In conclusion, while the literature to date has provided a wealth of information that is useful in conceptualizing and treating individuals involved in sex work, there is much more work to be done. While several suggestions have been provided within this

paper that may direct future researchers, there are certainly many more areas that have not been presented which would benefit this area of study. One interested in this field of study needn't look hard before generating a relevant research hypothesis.

## CONCLUSION

The author's intention in compiling this review of trauma and traumatic symptomatology in sex workers was twofold. First, by exploring the trauma-riddled histories of sex workers and the ramifications that such negative events have, readers will be more knowledgeable and competent when an individual involved in sex work seeks help. Second, by examining the context in which individuals enter and remain in sex work it is the hope of this author that those who read this review will replace stigma with compassion when they encounter individuals involved in the trade. Knowledge regarding the high rates of past and present violence in these individuals' lives may not fully explain why they chose to engage in sex work; however, it does indicate that these individuals likely have experienced a great deal of suffering in their lives. Mental health providers who approach these clients with empathy and a desire for understanding will likely be more successful at helping sex workers get out of the violent system and improve their quality of life than those who are blinded by stigma.

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